24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Human Rights Campaign PAC	
	C C00235853
Check if X 24-hour report 48-hour report New report X Amends report filed	on 01 / 27 / 2016
Full Name of Payee	Date of Public Distribution/Dissemination
API	01 28 2016
Mailing Address 4471 Nicole Dr	Amount
City Chate 7'- Code	4070.04
City State Zip Code Lanham MD 20706	4276.94 Transaction ID : D622376
	Date of Disbursement or Obligation
Purpose of Expenditure T-Shirts/Stickers/Buttons Category/ Type	01 28 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Hillary Rodham Clinton Oppose	President Senate State: IA
00007.00	ursement For: Primary General
Per Election for Office Sought 88027.66 2016	Other (specify)
Full Name of Payee The Pivot Group	Date of Public Distribution/Dissemination
Mailing Address	01 27 2016
Mailing Address 1720 I St NW	Amount
City State Zip Code	18336.00
Washington DC 20006	Transaction ID : D622392 Date of Disbursement or Obligation
Purpose of Expenditure Mailing Category/	M M / D D / Y Y Y
Type	01 27 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Hillary Rodham Clinton Oppose	President Senate State:IA
	ursement For: X Primary General
Per Election for Office Sought 88027.66 2016	Other (specify)
(a) CURTOTAL of Hamilton Indonesia de La Japan de La Francia diturna	20240.04
(a) SUBTOTAL of Itemized Independent Expenditures	22612.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Mr. James Rinefierd	M / D D / Y Y Y Y
[Electronically Filed] Date C	16 2016
Signature	

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ≥ N5 H± CB

Form/Schedule: F24A Transaction ID:

State inadvertently left off of original report.

Form/Schedule: Transaction ID: